

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	X3	3/13/98	
<b>FORMALITY REVIEW</b>	690ST 698(6)	423-98	6-10-98

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/17/97
2	✓	✓	1/22/98
3	✓	✓	1/22/98
4	✓	✓	1/22/98
5	✓	✓	1/22/98
6	✓	✓	1/22/98
7	✓	✓	1/22/98
8	✓	✓	1/22/98
9	✓	✓	1/22/98
10	✓	✓	1/22/98
11	✓	✓	1/22/98
12	✓	✓	1/22/98
13	✓	✓	1/22/98
14	✓	✓	1/22/98
15	✓	✓	1/22/98
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25	✓	✓	1/22/98
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47	✓	✓	1/22/98
48	✓	✓	1/22/98
49	✓	✓	1/22/98
50	✓	✓	1/22/98

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

OK